



# **SUDDEN UNEXPECTED INFANT DEATH:**

## **A GUIDE FOR MISSOURI CORONERS AND MEDICAL EXAMINERS**



## TABLE OF CONTENTS

Investigating Sudden, Unexpected Infant Death .....	1
Case History .....	1
Investigation of Circumstances of the Death .....	1
Autopsy .....	2
Diagnosis of Sudden, Unexpected Infant Death .....	2
Unintentional Suffocation .....	2
Overlay .....	2
Undetermined .....	3
Sudden Infant Death Syndrome (SIDS) .....	4
Findings Requiring Special Consideration .....	4
Typical Findings for Sudden Unexpected Infant Death .....	5
Death Scene .....	5
Autopsy .....	5
The Missouri Child Fatality Review Program (CFRP) .....	5
The Coroner/Medical Examiner's Mandated Role in Child Fatality Review .....	6
Missouri State Statutes .....	6
Helping the Parents and Caregivers .....	7
Explain the Purpose of Your Investigation .....	7
Treat the Baby with Kindness and Respect .....	7
Ask Open-Ended, Nonjudgmental Questions .....	8
Explain What Will Happen Next .....	8
SIDS Resources .....	9
Who to Call for More Information .....	10
Sample Letter .....	11
Safe Sleeping Environment for Your Baby .....	12
Death Scene Investigative Checklist	

## Investigating Sudden, Unexpected Infant Death

Investigate a sudden unexpected death of an infant as you would any unexpected death:

- Begin without assumptions about the cause of death.
- Be compassionate, but professional, with parents and caregivers.
- Ask open-ended, non-judgmental questions.

Investigators have found open-ended questions to be an effective and easy way to gather information. This holds true even in the event that the cause of death is later determined to be unnatural.

There are three elements of information necessary for an accurate diagnosis of sudden, unexpected infant death:

1. **Case history:** This includes information about the infant's life gathered from interviews with the parents and other caretakers, review of the infant's medical and family history, and review of information from relevant agencies and health care professionals.
2. **Investigation of the circumstances of the death:** This includes a scene investigation and interviews with caregivers and first responders. The scene investigation should be done as soon as possible. The scene of death is investigated even when the infant has been removed to the hospital. The STAT Death Scene Investigative Checklist for Child Fatalities or similar checklist will lead you through a thorough investigation.

Findings from the death scene are critically important to an accurate diagnosis. A recreation of the scene is the easiest and most effective way to approximate actual events and provide important details of the sleep environment. Using a doll to represent the infant, instruct the person who discovered the baby to recreate the scene for you. The scene investigation should include:

- a detailed description of events surrounding the death
- a detailed description of the condition of the child
- the infant's position
- bedding or objects near the infant
- the position of the infant's nose and mouth
- a description of the sleep surface
- any adults or other children who shared the sleep surface with the infant
- a description of the social and environmental conditions

Do not allow any of the bedding to be removed from the scene until the scene investigation is complete. The scene and recreation should be carefully photographed and/or video recorded.

All the above information is crucial. As the investigator, you are responsible for obtaining and evaluating the information about the case history and the death scene.

Without this information, an accurate diagnosis cannot be made. Your findings should be recorded on the STAT Death Scene Investigative Checklist for Child Fatalities and forwarded to the child death pathologist with the body.

- 3. Autopsy:** In Missouri, all sudden, unexpected deaths of infants one week to one year of age require an autopsy by a certified child death pathologist, according to protocols established by the Department of Social Services, State Technical Assistance Team (STAT). Other children not dying from well-established and expected causes may be autopsied, as appropriate. This process includes the gross autopsy in which the body and organs are examined, as well as microscopic, toxicological and metabolic testing. A scene investigation prior to the autopsy is essential.

## **Diagnosis of Sudden, Unexpected Infant Death**

In conducting the evaluation/investigation, criminality or negligence should never be assumed, but the possibility should not be overlooked. Infants and young children are especially vulnerable to death and serious injury from all causes, including child abuse. Beyond criminality, it is important that the cause of death be ultimately identified.

Research findings concerning unsafe sleep arrangements as a highly significant risk factor associated with sudden unexpected infant death underscores the importance of a thorough and competent death scene investigation. The scene recreation will demonstrate the presence of unsafe bedding and/or positioning of the infant that resulted in unintentional suffocation or presented an environmental challenge that may have contributed to the death.

*Recent research findings have resulted in accelerated progress in the understanding of sudden unexpected infant death. This section briefly outlines the choices currently applicable to the diagnosis of non-suspicious cases of sudden infant death. However, it is important for you to communicate with the child death pathologist in order to ensure accuracy in diagnosis and consistency in the certification of death.*

### **Unintentional suffocation:**

**Unintentional suffocation** is an *accidental* manner of death that occurs when materials block or cover the infant's external airway. Most infant deaths due to **suffocation** are directly related to an unsafe sleep environment. Many parents and caregivers do not understand the risks associated with unsafe sleeping arrangements. Infants can suffocate when their faces become positioned against or buried in a mattress, cushion, pillow, comforter or bumper pad or when their faces, noses and mouths are covered by soft bedding, such as pillows, quilts, comforters and sheepskins. *In most cases of unintentional suffocation, the sleeping environment is such that most normal infants would not have been able to move themselves out of the unsafe circumstances.*

An **overlay** is a type of unintentional suffocation that occurs when an infant is sleeping with one or more persons (bed sharing with adults or older children) and someone rolls over on them. A suffocation due to overlay can be verified by one of the following

means: (1) the admission of someone who was sharing the bed that they were overlying the infant when they awoke or (2) the observations of another person. The manner of death in such cases is *accidental*. However, most infant deaths involving possible or suspected overlay are classified as *undetermined* cause and manner because the actual positions of the infant and the other person at the time of the death were not witnessed.

### **Undetermined:**

In some cases, even the most thorough and careful scene investigation and autopsy do not produce a definitive cause of death, because risk factors are present that are significant enough to have possibly contributed to the death. One such risk factor is an unsafe or challenged sleep environment. Prone sleeping, soft bedding, and bed sharing are unsafe sleep arrangements for infants and their presence, at the very least, creates a challenged sleep environment.

Recent studies of epidemiological factors associated with sudden unexpected infant deaths demonstrate that prone sleeping and the presence of soft bedding near the infant's head and face pose very strong environmental challenges by limiting dispersal of heat or exhaled air in the vast majority of cases. However, the extent to which such environmental challenges play a role in a particular sudden infant death often cannot be determined. This is especially true when the infant was sleeping with one or more persons (bed sharing); the actual positions of the infant and the other persons at the time of the death can never be ascertained, because the other person may have moved several times after the death occurred. Therefore, a current national trend in the diagnosis of sudden unexpected infant death suggests that cases involving prone sleeping and the presence of soft bedding or bed sharing should be classified as *undetermined* in cause and manner (when unintentional suffocation is not conclusively demonstrated by the scene investigation.)

It is understood that the term "undetermined" as a diagnosis may have a negative connotation for families, although in non-suspicious cases this is not the intent. Nevertheless, it is imperative that the diagnosis of a sudden unexpected infant death is based on medical science. Accurate and honest information is important to grieving families and key to evidence-based prevention initiatives.

## **Sudden Infant Death Syndrome (SIDS):**

SIDS is the sudden, unexpected death of an apparently healthy infant under one year of age, which remains unexplained after the performance of a complete post-mortem evaluation/investigation that includes an autopsy, investigation of the scene of death and review of the case history. SIDS is characterized by the sudden death of an infant during a sleep period. SIDS is a diagnosis of exclusion; there are no pathological markers that distinguish SIDS from other causes of sudden infant death. There are no known warning signs or symptoms. Ninety percent of SIDS deaths occur in the first six months of life, with a peak at 2-4 months. While there are several known risk factors, the cause or causes of SIDS are unknown at this time.

The Triple Risk Model for SIDS is often used to describe the confluence of events that may lead to the sudden death of an infant. This model involves a vulnerable infant, (one with a subtle defect involving brainstem arousal responses) at a critical developmental period (less than six months of age), exposed to environmental challenges to which he/she does not respond (such as overheating, tobacco smoke, or prone sleeping).

Because Sudden Infant Death Syndrome (SIDS) is a diagnosis of exclusion, it should be used only when all investigative findings, including the presence of unsafe sleep arrangements, are negative. SIDS is generally considered a *natural* manner of death. SIDS is not a valid diagnosis for an infant over the age of twelve (12) months.

**Note:** Recommendations for safe bedding practices for infants under age 12 months have been revised by The American Academy of Pediatrics, the Consumer Product Safety Commission and the National Institute of Child Health and Human Development. See page 12 for specific information on safe sleep recommendations.

## **Findings requiring special consideration:**

Suspicious findings that preclude the use of SIDS as a diagnosis are indicators of abuse, including minor, non-lethal findings on autopsy, such as a bruise or rib fracture. Any previous unexplained infant death in the family precludes the use of SIDS as a diagnosis; SIDS does not “run” in families.

Conditions of neglect, inadequate medical care, history of child abuse, domestic violence, and drug or alcohol abuse should be carefully considered and may preclude the use of SIDS as a diagnosis.

## Typical Findings for Sudden Unexpected Infant Death

### Death Scene:

Specific findings at the death scene will depend on the length of time since the death occurred, the room temperature and other factors. Typical findings about the infant:

- There may be a frothy white or blood tinged discharge around the baby's nose and mouth. This may also be on the baby's clothing and bedding. This is a result of the death, not a cause.
- Pressure marks may occur on the baby's head and body. These occur if the baby was lying against an object like a toy or the folds of a blanket.
- Livor mortis (lividity) results from the pooling of blood after death. These markings are sometimes mistaken for various forms of child abuse.
- Rigor mortis progresses more quickly in infants than in older children or adults. It can also be affected by illness and/or medication.

### Autopsy:

The autopsy must be conducted by a child death pathologist, using the State of Missouri Standardized Autopsy Protocol for Sudden Unexpected Infant Death. The STAT Death Scene Investigative Checklist should accompany the body.

Common postmortem findings in non-suspicious sudden unexpected infant deaths may include:

- Congestion and edema in the lungs.
- Petechiae on the surfaces of the lungs and other organs in the chest cavity.
- A small amount of inflammation in the lungs and/or airway.
- No evidence that the baby had been under stress from an illness.
- No evidence of any malformation or disease which would account for the baby's death.
- Fluid, blood and an empty urinary bladder.

## The Missouri Child Fatality Review Program (CFRP)

Missouri legislation requires that every county in our state establish a multidisciplinary panel to examine the deaths of all children under the age of 18. *All sudden unexplained deaths of infants are referred to the county's multidisciplinary Child Fatality Review Program panel.* The panels do not act as investigative bodies. Their purpose is to enhance the knowledge base of the mandated panel members and to evaluate the potential service and prevention interventions for the family and community. By law, panel meetings and their findings are *confidential*.

As a mandated core member of the CFRP panel, the coroner/medical examiner plays a pivotal role in the review process.

## **The Coroner/Medical Examiner's Mandated Role in Child Fatality Review**

*Every Missouri incident child fatality requires review by the coroner or medical examiner and the chairperson for the county Child Fatality Review Program panel. Any child death that is unclear, unexplained, or of a suspicious circumstance, and *all sudden, unexplained deaths of infants one week to one year of age are required to be reviewed by a county-based CFRP panel.**

1. Contact the Division of Family Services Child Abuse/Neglect Hotline Unit at 800-392-3738 to:
  - Notify the Division of *all* deaths of children, birth through age 17.
  - Access *all* prior history available for *all* family members.
  - Contact STAT (24 hours a day) if you need assistance.
2. (PRIORITY) In the case of any sudden, unexpected infant death, go to the scene and conduct a death-scene evaluation/investigation, using the Death-Scene Investigative Checklist for Child Fatalities.
3. Refer all sudden, unexpected infant deaths to the child death pathologist for autopsy. Ensure that a copy of the completed Death-Scene Checklist accompanies the body to the child death pathologist.
4. Complete the Coroner/Medical Examiner Data Report (Data Form 1) and forward to the chairperson of the Child Fatality Review Program panel for initiation of panel review.
5. Attend the CFRP meeting and provide available information to the panel including autopsy and investigative reports.
6. Provide interpretation for the panel of the cause and manner of death.
7. When appropriate, assist law enforcement and other agencies involved with the death investigation.
8. Help identify strategies for reducing the risk of infant deaths and encourage community involvement in risk reduction campaigns. Contact STAT at (800) 487-1626 or SIDS Resources at (800) 421-3511 for current risk reduction information.

## **Missouri State Statutes**

- Section 210.150 and 210.152 (Confidentiality and Reporting of Child Fatalities)
- Section 210.192 and 210.194 (Child Fatality Review Panels)
- Section 210.196 (Child Death Pathologists)
- Section 194.117 (Sudden Infant Death); infant autopsies
- Section 58.452 and 58.722 (Coroner/Medical Examiners responsibilities regarding child fatality review)



## Helping the Parents and Caregivers

The sudden death of an infant is an overwhelming experience. Some people may become hysterical; others are stoic. The way a person reacts may be influenced by culture, gender and family background. There is no right or wrong way for a person to react. You can be most helpful to parents and caregivers at the time of the death by following these guidelines:

- Be compassionate and caring
- Explain the purpose of your investigation
- Treat the baby with kindness and respect
- Ask open-ended, non-judgmental questions.
- Explain what will happen next:
  - An autopsy will be performed.
  - SIDS Resources will be notified and will provide information and other support services.
- Be reassuring.
  - Provide the parents/caregivers with a copy of *A Response to Parents Whose Baby Has Died*, available through the Missouri Department of Health.
  - Advise that parents/caregivers how you can be contacted later and make certain you know how to contact them.

### Explain the Purpose of Your Investigation

Parents and caregivers want to know why their baby died. By explaining the purpose of your investigation, you help them understand why you are asking so many questions. Many investigators approach the interview in this way:

“I am sorry that (baby’s name) died. I know this is a very difficult time for you. I have some questions that I need to ask you to help find out exactly why (baby’s name) died. If you need to stop and take a break, please let me know. If there is anything I can do for you, please let me know.”

### Treat the Baby with Kindness and Respect

It may take awhile for parents to fully understand that their baby is dead. They want him or her to be treated like a person.

- When you talk about the baby, refer to the baby by his or her name. Use the baby’s name when you ask questions.
- When you hold the baby, hold him or her like you would a live baby.
- If you carry the baby out to your vehicle, wrap the baby in a blanket or sheet.
- Almost all parents find it helpful to hold their baby and say good-bye. As long as the holding is observed and documented by either an investigator or hospital staff, most coroner/medical examiner’s offices allow it.

## **Ask Open-Ended, Nonjudgmental Questions**

It is important to phrase your questions carefully, so parents don't feel like they are being accused of doing anything wrong. Parents will relive this event for the rest of their lives. Questions asked in an accusing manner can have a long term, negative effect. Most parents already feel guilty, even though they are not at fault. Avoid "Did you" and "Why" questions. Open-ended questions are less threatening and a good way to get the information you need. Open-ended questions often begin with "What", "How", or "Who." For example, to find out if the baby was sick: "Tell me about the last time (baby's name) went to the doctor. Were there any special problems?"

Start with general questions about the pregnancy, birth, and baby's life at home. This will begin to build rapport. Then move to more sensitive issues such as, "Tell me about the morning that (baby's name) died." These open-ended questions will provide you with the necessary information to conduct a comprehensive investigation. In cases where the parent/caregiver may have had some responsibility in an accidental death, they may be reluctant to divulge details.

Try not to hurry your questions or rush them. Speak slowly, clarify questions and listen closely to their responses. Use the Death-Scene Investigative Checklist as a guide to conduct the interview. If the parents cannot answer questions at the time of their baby's death, make arrangements to re-interview them as soon after as possible.

## **Explain What Will Happen Next**

Explain that the baby will be examined.

- An autopsy is the only way to know for certain why the baby died.
- This surgical/medical procedure is done by a doctor in a way that maintains the dignity of their child.
- This procedure will not prevent the family from having an open casket at the funeral.
- There is no charge to the family for the autopsy.
- The autopsy can help reduce and resolve the guilt that families experience and the suspicion that often accompanies sudden deaths.

Tell the parents what they need to do.

- Let the parents know how soon you think their baby's body will be released. Advise them to select a mortuary and to let you know as soon as a decision has been reached.
- Let the parents know they can request a copy of the autopsy report if they choose to do so.
- Give the parents the pamphlet *A Response to Parents Whose Baby Has Died*. Make sure both you and the parents know how to contact each other later.

In many cases, the family will not return to their home following their infant's death and may decide to stay with family members or friends. Before you leave, ask for the

address and phone number where they can be contacted, or ask for a telephone number of a family member/friend who could reach the family.

The shock of a baby's death often makes it difficult for parents to remember what they have been told. Be accessible and available for questions. Give the family a business card with your name and phone number.

Tell the parents that **SIDS Resources** will be contacting them.

The counselor will give them more information about sudden infant death and bereavement and can provide local resources to meet their special needs (i.e., assist with funeral arrangements, local support groups, etc.) In many counties, trained volunteers (parents, childcare providers, foster parents) who have also experienced an infant death are available to provide peer counseling and information.

Immediately after the gross autopsy a letter should be sent to the family stating the presumptive diagnosis, if one can be made, and a summary of other important information. This letter includes information about the status of the review of the death and instructions for requesting a copy of the autopsy when it is complete. A sample letter follows on page 11. This letter is consistent with Missouri Department of Health requirements and recommendations of SIDS Resources.

The letter to the family also provides information on contacting SIDS Resources for information and support. In addition, a copy of the letter should be sent to SIDS Resources immediately. This serves as an initial referral for the family. It is important to understand that SIDS Resources provides support and counseling to all families experiencing a sudden, unexpected death of an infant less than one year of age. It is not necessary to have made a specific diagnosis before referring. Delays in contacting the parents may result in their being lost to follow-up. Once a specific diagnosis is made, SIDS Resources can assist in contacting the family and conveying that important information.

## Who to Call for More Information

Check with your own supervisor, coroner or medical examiner.

Contact the **State Technical Assistance Team (STAT)** at 800-487-1626 for copies of the Death Scene Investigative Checklist for Child Fatalities or for assistance 24 hours a day, 7 days a week. Forms are available online at [www.dss.state.mo.us/stat/forms.htm](http://www.dss.state.mo.us/stat/forms.htm) On request, STAT also provides technical investigative support and Child Fatality Review Program assistance.

Call **SIDS Resources** at 800-421-3511 if you have questions, need additional information or assistance. This toll-free number is available on a 24-hour basis, seven days a week. SIDS Resources can also provide more information on SIDS, other infant deaths, and other related educational materials, pamphlets/brochures, and for a listing of referral resources. SIDS Resources has five program offices in Missouri:

### **Administrative & Eastern Region Office**

SIDS Resources, Inc.  
143 Grand Ave.  
St. Louis, Missouri 63122  
314-822-2323  
314-822-2098 (fax)  
1-800-421-3511 (toll-free in Missouri)

### **Western Region Office**

SIDS Resources, Inc.  
3822 Summit, Suite 201  
Kansas City, Missouri 64111  
816-753-6990  
816-753-6906 (fax)

### **North Central Office**

Parkade Center  
601 Business Loop 70 West, Ste. 134A  
Columbia, Missouri 65203  
573-256-8809  
573-817-2111 (fax)

### **South Central Office**

P.O. Box 203  
Springfield, Missouri 65801  
417-866-8471  
417-866-8473 (fax)

### **Bootheel Healthy Start**

127 E. Malone  
P.O. Box 1369  
Sikeston, Missouri 63801  
573-472-4949  
573-472-4955 (fax)

**SAMPLE LETTER (to be sent as soon as possible, with a copy to SIDS Resources)**

Date \_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_

City and zip \_\_\_\_\_

Dear \_\_\_\_\_

Please accept the condolences of the \_\_\_\_\_ County Coroner's Office on the loss of \_\_\_\_\_.

At this preliminary stage, the exact cause of death cannot yet be determined. A careful review into the cause and reasons for the death is proceeding and may take several weeks for completion.

Efforts are put forth locally through our office to determine the exact cause of death and it takes careful review before a final cause of death is determined. As medical research continues to be pursued nationally and worldwide, we hope to understand what causes sudden and unexpected death in infancy and do what we can to prevent these deaths from occurring. We can only do that with your help and by reviewing each case as best we can.

The sudden death of an infant is a tragic loss, and many people feel it is helpful to talk about the feelings they experience. You or members of your family may find it useful to talk with SIDS Resources, Inc., \_\_\_\_\_ at telephone number \_\_\_\_\_ or 800-421-3511. This is an organization specializing in providing information and support to families who have experienced the sudden and unexpected death of an infant from any cause.

If you would like a copy of the complete autopsy results, you may return the enclosed form, call my office at \_\_\_\_\_, or call the Missouri Department of Health and Senior Services at 1-800-TEL-LINK (835-5465) and they will relay the request to my office. Autopsy results will be sent, at no expense, to you, unless you designate that the report be sent to your family physician. You may wish to have your family physician review the autopsy report with you.

Again, please accept my condolences on your loss. If you would like, I will be happy to communicate further with you or any other relative or friend who wishes further information or discussion.

Sincerely,

Cc: SIDS Resources, \_\_\_\_\_

# A SAFE SLEEPING ENVIRONMENT FOR YOUR BABY

**The American Academy of Pediatrics, the Consumer Product Safety Commission and the National Institute of Child Health and Human Development have revised their recommendations on safe bedding practices when putting infants down to sleep. Here are the revised recommendations to follow for infants under 12 months:**



**A SAFE SLEEPING ENVIRONMENT  
FOR YOUR BABY**

## Safe Bedding Practices For Infants

- ♀ Place baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.
- ♀ Remove pillows, quilts, comforters, sheepskins, stuffed toys and other soft products from the crib.
- ♀ Consider using a sleeper or other sleep clothing as an alternative to blankets, with no other covering.
- ♀ If using a blanket, put baby with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the baby's chest.
- ♀ Make sure your baby's head remains uncovered during sleep.
- ♀ Do not place baby on a waterbed, sofa, soft mattress, pillow or other soft surface to sleep.

Placing babies to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Babies have been found dead on their stomachs with their faces, noses and mouths covered by soft bedding, such as pillows, quilts, comforters and sheepskins. However, some babies have been found dead with their heads covered by soft bedding even while sleeping on their backs.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LEGAL SERVICES  
MISSOURI CHILD FATALITY REVIEW PROGRAM

**DEATH SCENE INVESTIGATIVE CHECKLIST FOR CHILD FATALITIES**

**STAT**

2724 MERCHANTS DR  
JEFFERSON CITY, MO 65109  
(573) 751-5980  
(800) 487-1626

**INSTRUCTIONS**

When a child dies suddenly and unexpectedly, or suspiciously, a thorough evaluation/investigation of the scene is necessary to accurately determine the cause and manner of death. The scene investigation should happen as soon as possible after the child's death, optimally within 24 hours.

This checklist should be used as a guide to your investigation of the scene of a sudden and unexplained or suspicious death, especially to a child under the age of one. Completing all information appropriate to the fatality will help our pathologist determine how and why the child died. For assistance, call (800) 487-1626.

The questions in the checklist will lead you through a thorough investigation. It is not expected that you will be able to answer all of the questions. You should attempt to interview witnesses, EMS and emergency room personnel, child care providers, law enforcement, and other persons from the scene.

In conducting the investigation, criminality or negligence should not be assumed, but the possibility should not be overlooked. An empathetic, non-confrontational approach is both appropriate and effective.

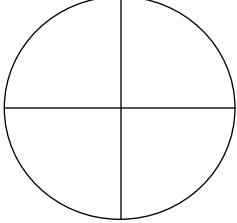
Complete as many sections as possible. If appropriate, attach this form to your investigation report. Submit a copy to the Medical Examiner's Office prior to the autopsy.

Because the child will probably have already been transported to a hospital or other facility, it is important that, based on evidence and witness accounts, you try to recreate the scene to approximate actual events. This may include the use of dolls or silhouettes to reconstruct location and position of body. Attempt to acquire scene and reconstruction photographs as appropriate.

Contact your Prosecuting Attorney's Office to ensure that all laws and regulations are followed in the search of the area, the interviewing of witnesses, and the collection of evidence. Only use procedures and forms approved by your agency and prosecutor. Sample forms are available from STAT.

**VICTIM IDENTIFIERS AND PRE-NATAL HISTORY**

1. CHILD'S NAME		2. SOCIAL SECURITY NUMBER	
3. SCENE ADDRESS			
4. DATE OF BIRTH	5. DATE OF DEATH	6. RACE OF CHILD	7. SEX
8. DECEDENTS ADDRESS			
9. MOTHER'S NAME			
10. MOTHER'S ADDRESS			
11. MOTHER'S TELEPHONE NUMBER		12. MOTHER'S DATE OF BIRTH	13. MOTHER'S SOCIAL SECURITY NUMBER
14. GESTATION IN WEEKS	15. BIRTH WEIGHT	16. KNOWN MATERNAL PRE-NATAL HEALTH PROBLEMS (DIABETES, HYPERTENSION, ETC.)? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
IF YES, DESCRIBE			
17. WAS MOTHER TAKING PRESCRIPTION MEDICATION FOR ABOVE MEDICAL CONDITION DURING PREGNANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN If yes, what type of medication?			
18. PRE-NATAL MATERNAL CIGARETTE, ALCOHOL OR DRUG USAGE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, <input type="checkbox"/> Alcohol <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other	
19. KNOWN COMPLICATIONS OF PREGNANCY OR DELIVERY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN If yes, explain:			
20. LOCATION OF BIRTH AND NAME OF FACILITY			
21. ATTENDING MEDICAL PRACTITIONER			
22. BIRTH DEFECTS OR OTHER ABNORMALITIES OF DECEDENT AT BIRTH, DESCRIBE:			

23. ANY FAMILY HISTORY OF SIDS OR OTHER INFANT DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN			
IF YES, DESCRIBE DETAILS INCLUDING DATE OF DEATH AND LOCATION OF OCCURRENCE:			
EVENTS SURROUNDING DEATH			
24. PLACE OF FATAL EVENT (E.G., IN CRIB, IN CAR)?		25. DEATH WITNESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, provide detail in narrative.</b>	
26. WHO FOUND CHILD?		TIME FOUND	
27. STATUS OF CHILD WHEN FOUND <input type="checkbox"/> Dead <input type="checkbox"/> Unresponsive <input type="checkbox"/> In Distress <input type="checkbox"/> Unsure		28. WHEN WAS CHILD LAST SEEN ALIVE (TIME, WHERE, BY WHOM)?	
29. DESCRIBE CONDITION OF CHILD WHEN LAST SEEN:			
30. MEDICAL ASSISTANCE SUMMONED? <input type="checkbox"/> NO <input type="checkbox"/> YES		31. 911 CALL? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, obtain tapes.</b>	
32. RESUSCITATION ATTEMPTED? <input type="checkbox"/> NO <input type="checkbox"/> YES	BY WHOM?	HISTORY OF PREVIOUS RESUSCITATION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
33. CONVEYED TO A MEDICAL FACILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES	WHERE?	NAME AND ADDRESS OF FACILITY	
34. WHO PRONOUNCED CHILD DEAD?			
CONDITION OF CHILD			
35. BODY TEMPERATURE (DEGREES)	TIME	METHOD	SWEATY? <input type="checkbox"/> NO <input type="checkbox"/> YES
36. LIVOR MORTIS <input type="checkbox"/> NO <input type="checkbox"/> YES	TIME	WHERE OBSERVED?	CONSISTENT WITH POSITION WHEN FOUND? <input type="checkbox"/> NO <input type="checkbox"/> YES    (See Question 44)
37. RIGOR MORTIS <input type="checkbox"/> NO <input type="checkbox"/> YES	TIME	38. HEMORRHAGE OF EYES, LIPS OR EARS? <input type="checkbox"/> NO <input type="checkbox"/> YES	
39. CHILD APPEARS CLEAN, WELL NOURISHED AND CARED FOR <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If no, explain in narrative.</b>			
40. CLOTHING CLEAN? <input type="checkbox"/> NO <input type="checkbox"/> YES	RIGHT SIZE? <input type="checkbox"/> NO <input type="checkbox"/> YES	CLOTHING REMOVED AFTER DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES	CLOTHING TYPE
41. DIAPERS USED? (COLLECT AS NECESSARY) <input type="checkbox"/> NO <input type="checkbox"/> YES		WET? <input type="checkbox"/> NO <input type="checkbox"/> YES	SOILED? <input type="checkbox"/> NO <input type="checkbox"/> YES
42. ARE THERE BIRTHMARKS OR INJURIES OF ANY TYPE, INCLUDING BRUISES, SCRAPES, CUTS, BURNS OR DIAPER RASH? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, describe colors, shapes, sizes and locations in narrative. Ensure that necessary photos are taken if possible.</b>			
POSITION OF CHILD			
43. SKETCH POSITION OF CHILD AND IDENTIFY WHERE IN CRIB, BED, OR OTHER PLACE <b>IF BABY IS NOT PRESENT, ENSURE THAT PHOTOS ARE TAKEN OF POSITIONED DOLL OR SILHOUETTE.</b>		INDICATE DIRECTION OF CHILD'S HEAD (CHECK ONE):  <div style="text-align: center;"> <input type="checkbox"/> N    <input type="checkbox"/> S  <input type="checkbox"/> W    <input type="checkbox"/> E         </div>	
44. WAS CHILD MOVED FROM ORIGINAL POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES		WHY?	



45. POSITION WHEN DISCOVERED (REFER BACK TO QUESTION 35): <b>BODY</b> <input type="checkbox"/> On Stomach <input type="checkbox"/> On Back <input type="checkbox"/> Seated Upright <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <b>BODY PINNED</b> <input type="checkbox"/> Pinned Vertically <input type="checkbox"/> Pinned Horizontally <input type="checkbox"/> Other Wedging <input type="checkbox"/> Not Pinned <b>HEAD AND NECK</b> <input type="checkbox"/> Face Directly Up <input type="checkbox"/> Face Directly Down <input type="checkbox"/> Face to Right <input type="checkbox"/> Face to Left <input type="checkbox"/> Neck Flexed to Chin <input type="checkbox"/> Neck Extended Back <b>USUAL SLEEPING POSITION</b> <input type="checkbox"/> On Stomach <input type="checkbox"/> On Back <input type="checkbox"/> Seated Upright <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side		
46. WAS AIRWAY OBSTRUCTED WHEN DISCOVERED? <input type="checkbox"/> Airway Not Obstructed <input type="checkbox"/> Right Nostril Blocked <input type="checkbox"/> Object Covering Mouth <input type="checkbox"/> Objects Near Face <input type="checkbox"/> Both Nostrils Blocked <input type="checkbox"/> Left Nostril Blocked <input type="checkbox"/> Object Covering Nose		
47. DESCRIBE ANY OBJECTS COVERING NOSE, MOUTH OR FACE:		
48. IF CHILD WAS FOUND FACE DOWN, IS THERE A VISIBLE CUP, POCKET OR DEPRESSION IN THE BEDDING? <input type="checkbox"/> NO <input type="checkbox"/> YES    Depth:    Diameter:		
49. IS THERE A VISIBLE CREASE ON FACE, NECK OR HANDS FROM PILLOWS OR BEDDING? <input type="checkbox"/> NO <input type="checkbox"/> YES		
50. MATERIAL FOUND IN NOSE OR MOUTH: <input type="checkbox"/> None <input type="checkbox"/> Formula <input type="checkbox"/> Bloody Froth <input type="checkbox"/> Blood Tinged Secretion <input type="checkbox"/> Mucous <input type="checkbox"/> Vomit <input type="checkbox"/> Dried Secretion <input type="checkbox"/> Other <input type="checkbox"/> Food <input type="checkbox"/> Froth <input type="checkbox"/> Urine or Stool		
51. SECRETION FOUND ON: <input type="checkbox"/> Blanket <input type="checkbox"/> Sheet <input type="checkbox"/> Clothing <input type="checkbox"/> Pillow <input type="checkbox"/> Other Item		
52. WHAT TYPE OF SECRETION <input type="checkbox"/> None <input type="checkbox"/> Formula <input type="checkbox"/> Bloody Froth <input type="checkbox"/> Blood Tinged Secretion <input type="checkbox"/> Mucous <input type="checkbox"/> Vomit <input type="checkbox"/> Dried Secretion <input type="checkbox"/> Other Secretion <input type="checkbox"/> Food <input type="checkbox"/> Froth <input type="checkbox"/> Urine or Stool		
53. FACE IN CONTACT WITH WET MATERIALS <input type="checkbox"/> NO <input type="checkbox"/> YES		DESCRIBE:
54. IF FOUND WHILE SLEEPING, WAS CHILD SLEEPING ALONE? <input type="checkbox"/> NO <input type="checkbox"/> YES    If no, who was child sleeping with?		
55. DESCRIBE BED AND/OR OTHER SLEEPING SURFACE.		
56. LIST ALL MATERIALS AND OBJECTS NEAR CHILD WHEN FOUND, INCLUDING BED, SHEETS, PILLOWS, COVERS, TOYS, HOUSEHOLD OBJECTS, ETC.		
57. COULD ANY OF THESE MATERIALS AND OBJECTS HAVE INFLUENCED THE DEATH? <input type="checkbox"/> NO <input type="checkbox"/> Yes    If yes, describe in narrative.		
58. IS THERE ANY POSSIBILITY OF OVERLYING? FOR EXAMPLE, TOO LITTLE ROOM FOR TOO MANY PEOPLE, RECENT ALCOHOL OR OTHER DRUG CONSUMPTION BY PERSON SLEEPING WITH CHILD. <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, explain in narrative.		
59. IS THERE AN APNEA MONITOR IN THE HOME? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Download information from monitor.</b>		WAS CHILD ON MONITOR AT TIME OF DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Collect monitor as evidence.</b>
<b>SOCIAL AND ENVIRONMENTAL CONDITIONS</b>		
60. WHO DOES CHILD LIVE WITH?		61. WHO HAD RESPONSIBILITY FOR CHILD AT TIME OF DEATH? <b>IN NARRATIVE, DESCRIBE ACTIVITIES OF CAREGIVERS DURING DAYS LEADING UP TO THE DEATH.</b>
62. HAVE FAMILY MEMBERS OR CARETAKERS BEEN REPORTED FOR PAST ABUSE OR NEGLECT? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Contact Hotline to obtain information from DFS. (800-392-3738)</b>		FOR DOMESTIC VIOLENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES
63. LIST CHILD CARE PROVIDERS - LICENSED		UNLICENSED
64. DO SIBLINGS EVER WATCH CHILD UNATTENDED? <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, age:		65. ARE THERE ANY CULTURAL PRACTICES THAT MAY HAVE INFLUENCED THE DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, explain fully in the narrative.
66. DESCRIPTION OF DWELLING:		
67. CLEANLINESS OF DWELLING <input type="checkbox"/> BELOW AVERAGE <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE		
68. NUMBER OF CHILDREN LIVING AT ADDRESS	NUMBER OF ADULTS	OVERCROWDED? <input type="checkbox"/> NO <input type="checkbox"/> YES

69. ARE THERE ANY ENVIRONMENTAL HAZARDS?				
<input type="checkbox"/> NO	<input type="checkbox"/> YES			
<input type="checkbox"/> Tobacco Smoke	<input type="checkbox"/> High Room Temp	<input type="checkbox"/> Recent Remodeling	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Animals
<input type="checkbox"/> Drugs or Alcohol	<input type="checkbox"/> Low Room Temp	<input type="checkbox"/> Toxic Gases	<input type="checkbox"/> Lead	<input type="checkbox"/> Other
<input type="checkbox"/> Medicines	<input type="checkbox"/> Unusual Dampness	<input type="checkbox"/> Toxic Products	<input type="checkbox"/> Electrical	

70. ROOM TEMPERATURE	OUTSIDE TEMPERATURE	HEATING/COOLING SOURCE	PROXIMITY OF CHILD TO HEAT/COOLING SOURCE
----------------------	---------------------	------------------------	---

CHECKLIST FOR DISCRETIONARY COLLECTION OF EVIDENCE

<input type="checkbox"/> Clothing	<input type="checkbox"/> Medicines	<input type="checkbox"/> Baby Bottles	<input type="checkbox"/> Toys
<input type="checkbox"/> Bedding	<input type="checkbox"/> Drug Paraphernalia	<input type="checkbox"/> Formula/Food	<input type="checkbox"/> Equipment
<input type="checkbox"/> Diapers	<input type="checkbox"/> Folk Remedies	<input type="checkbox"/> Honey, if fed within 30 days	<input type="checkbox"/> Other

TRACE EVIDENCE COLLECTED: LIST	LOCATION FOUND	DISPOSITION AND PRESENT LOCATION

PHOTOS TAKEN?  
☐ NO ☐ YES If yes, by whom?

ALL WITNESSES, RESPONDERS, AND OTHER PERSONS AT SCENE

List all persons at scene during time child died.

NAME	ADDRESS	RELATIONSHIP

NARRATIVE (USE ADDITIONAL PAGES AS NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

71. DATE/TIME OF INVESTIGATION	72. CASE NUMBER
73. INVESTIGATOR'S NAME	74. AGENCY/DEPARTMENT

**For 24 hour assistance call the State Technical Assistance Team at  
800-487-1626**

**Report all child fatalities to the Child Abuse and Neglect Hotline Unit at  
800-392-3738**

**For referral assistance of additional program information call  
SIDS Resources, Inc at 800-421-3511**